Chlamydia & Gonorrhea DNA Probe	
Test	Qualitative detection of <i>Chlamydia trachomatis</i> DNA and <i>Neisseria gonorrhoeae</i>
description	DNA in clinician collected genital (female endocervical and male urethral) or
Test use	urine specimens. As an aid to the diagnosis of chlamydial and gonococcal urogenital disease in
i cst usc	symptomatic or asymptomatic individuals.
Test	Sexually Transmitted Diseases Molecular Diagnostics
Department	Phone: (860) 920-6696; FAX: (860) 920-6721
Methodology	Nucleic acid (DNA) amplification assay (BD Probe Tec™)
Availability	Daily, Monday - Friday
	Female endocervical swab
Specimen	Male urethral swab
Requirements	Male and female urine specimens
	Specimens must be received in collection devices specific to this assay.
	 BD ProbeTec™ Collection Kit for Endocervical Specimens
Collection	Male Urethral Specimen Collection Kit for the BD ProbeTec™ Chlamydia
Kit/Container	trachomatis/Neisseria gonorrhoeae (CT/GC) Q ^x Amplified DNA Assay
	 Urine Preservative Transport for the BD ProbeTec™ Q^x Amplified DNA
	Assays
	To obtain collection kits , refer to Collection Kit Ordering Information
Collection	Follow instructions included on collection devices.
instructions	
Specimen	Store and transport specimens at ambient temperature. Specimens must be
Handling &	received within 30 days of collection.
Transport	Avoid temperature extremes.
	Unlabeled specimens
Umaaaamtahla	Specimens that have leaked or containers that have broken in transit
Unacceptable Conditions	Specimens received beyond 30 days of collection
Conditions	Specimens received after the expiration on the collection device
	Specimens collected in collection devices from other manufacturers (e.g. Gen- Probe® Aptima®)
	Incorrect volume of urine in the urine transport tube
Requisition	Clinical Test Requisition (select Chlamydia & Gonorrhea DNA Probe)
Form	Chinical rest hequisition (select Chiamyula & Gonollilea Diva Flobe)
	Name and address of submitter (and/or Horizon profile #)
Required	Patient name or identifier, town of residence (city, state, zip), date of birth
Information	Specimen source/type, date collected, and test requested
	Please ensure patient name on the requisition matches that on the specimen.
	Cannot be used to assess therapeutic success or failure (test of cure) because
Limitations	nucleic acids from <i>C. trachomatis</i> and <i>N. gonorrhoeae</i> may persist following

	antimicrobial therapy.
Additional	This test should not be used for the evaluation of suspected sexual abuse or for
comments	other medico-legal indications

Revision: 8/25/15